MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	0998A15	

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIM	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		2				
TOTAL CLAIMS		13				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

1350 (REV. 3-79)